



Application to Attend an Activity or Event as a Temporary Non-Member

(under 18 years of age)

Y13

V20201116

Activity / Event	Start Date
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Applicant Details:

First Name	Middle Name		
Last Name	Preferred Name		
Date of Birth	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Phone	Email		
Address	Mobile		
Postcode		Suburb	
Are you of Aboriginal or Torres Strait Islander origin?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is English your first spoken language?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Parent / Guardian Details: *(These will be the emergency contact details during the event)*

First Name	Middle Name		
Last Name	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth	Email		
Phone	Mobile		
Address		Suburb	
Postcode			

Medical Details:

Event organisers should be advised of the applicant's health and fitness, including any medication (with instructions) the applicant will bring with them. For special diets, please provide examples (brand names etc.) of what the applicant is able to eat. Attach a separate sheet listing these requirements in detail if required.

Permission to disclose medical information to the application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Known allergies		
Dietary requirements		
Medication (type / name)	Dosage	Frequency of Dose
Other information (eg. ailments / disabilities)		
Has the applicant been immunised against Tetanus in the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, can the applicant be given a Tetanus injection should the need arise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medicare No	Expiry Date	
Private Health Fund Name	Member Number	Ambulance Cover
		Yes <input type="checkbox"/>
		No <input type="checkbox"/>

Water Activities Authority and Agreement

This event may include swimming activities such as swimming in rivers, pools, lakes, water slides, and snorkelling or boating activities which may include canoeing, kayaking, rafting, and sailing. If water activities are included as part of this event

Do you agree to your child taking part in the listed water activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you confident that your child is able to swim a minimum of 50 meters and is able to stay afloat for 3 minutes without the aid of a personal flotation device?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you confident that your child is able to swim 50 meters dressed in shirt, shorts, shoes and a properly fitting personal flotation device and thereafter remain afloat?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Agreement and Scouts WA Liability Statement (Waiver)

Privacy Policy
Personal information that we collect about you is primarily for the purpose of considering your application for membership of Scouts WA. This information will be treated strictly in accordance with Scouts WA Privacy Policy. A copy of that Privacy Policy is located at <https://scoutswa.com.au/wp-content/uploads/2019/07/Scouts-WA-Privacy-Policy.pdf>. At any time upon request, you may gain access to the information Scouts WA holds about you in accordance with the Privacy Act 1988 (Cwth) and the National Privacy Principles. Scouts WA will search other databases for information connected with this application.

Use of Images
By applying for membership it is accepted that photos or video footage of the applicant may be used for promotional purposes and on Scouts WA managed media channels. It is also accepted that it is impossible for Scouts WA to guarantee that photos will not be used on external sites.

Medical Authority
I further authorise any Member, employee or agent of Scouts WA, in the event of any accident or illness, to obtain medical assistance or treatment for the applicant as may be considered necessary. This includes to engage any doctors' or nurses' assistance and to request ambulance transport and/or hospital accommodation. In this event, I agree to pay Scouts WA on demand all such doctors' fees, nurses' fees, ambulance fees, hospital fees and other expenses.
I give permission for the applicant to attend the Scouting activity, including the listed Adventurous and Water Activities as described in this form and for the Leader in charge of the activity to seek medical assistance for the applicant should the need arise. I have read and agreed to the terms of the Scouts WA Liability Statement (Waiver) located at <https://scoutswa.com.au/wp-content/uploads/2019/11/Scouts-WA-Liability-Statement.pdf>.

Signature of Parent or Guardian	Date
Printed Name	